

FILED

Case 3:07-cv-50223

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R3012

ILLINOIS DEPARTMENT OF CORRECTIONS

NOV 13 2007

Administrative Review Board
Return of Grievance or CorrespondenceMICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT.Offender: HEMSON JAMES N70390
Last Name First Name MI ID#
Facility: PNK 07050223☐ Grievance (Local Grievance # (if applicable): _____) or ☐ CorrespondenceReceived: 12, 6, 06
DateRegarding: Medical / Christ treated

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☒ Use the Committed Person's Grievance Report, DOC 0047 (formerly DC 5657), including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide a copy of the Committed Person's Grievance, DOC 0046 (formerly DC 5657) including the counselor's response if applicable).
- ☐ Provide date(s) of disciplinary report(s) and facility where incident(s) occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277

Misdirected:

- ☒ Contact your correctional counselor regarding this issue. Regarding PINKNEY
- ☐ Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If request is denied, utilize the inmate grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A
Springfield, IL 62706

No further redress:

- ☐ Award of Meritorious Good Time (MGT) and Statutory Meritorious Good Time (SMGT) are administrative decisions; therefore, this issue will not be addressed further.
- ☒ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further. PONTRE
- ☐ This office previously addressed this issue on _____ Date on 11/13/06
- ☐ No justification provided for additional consideration.

Other (specify): X for PONTRE 10/4/06 to ARB 12/6/06 - out 60 daysCompleted by: BRIAN FAIRCHILD
Print NameBrian Fairchild
Signature1, 2, 07
Date

Distribution: Offender; Inmate Issues

DOC 0070 (10/2001)
(Replaces DC 710-1274)

Date: <u>11-28-06</u>	Committed Person: <u>Henson</u>	ID#: <u>N-70390</u>
Present Facility: <u>Pineknolls</u>	Facility where grievance issue occurred: <u>Pontiac and P.ville</u>	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input checked="" type="checkbox"/> Disability <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input checked="" type="checkbox"/> Other (specify): <u>medical neglect</u> <input type="checkbox"/> Transfer Denial by Facility <input checked="" type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Disciplinary Report: _____ Date of Report _____ Facility where issued _____		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. <input checked="" type="checkbox"/> Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Brief Summary of Grievance: <u>On 9-1-06 Pontiac co. Psych. Doctors Garlik, Fisher, and Angus recommended that I be transferred to Dixon Special treatment center for treatment but instead I was sent here on 10-4-06 where I've only seen a Psych once and my requests to see one have been ignored, and my conditions have become worse such as hearing voices again, etc... If the people at Dixon don't like me then at least I could go some place like Illinois River C.C. where I had gotten good psych care before see reverse</u>		
Relief Requested: <u>min-, or medium security Psych treatment Placement for people like me</u>		
<input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
<u>James Henson</u> Committed Person's Signature		<u>N-70390</u> ID#
		<u>11, 28, 06</u> Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-9277	
Response: _____		

Print Counselor's Name _____		Counselor's Signature _____ Date of Response _____

EMERGENCY REVIEW	
Date Received: _____ <div style="font-size: 2em; font-weight: bold; text-align: center;">RECEIVED</div> <div style="text-align: center;">DEC - 6 2006</div> <div style="text-align: center;">OFFICE OF INMATE ISSUES</div>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.
Chief Administrative Officer's Signature _____ Date _____	

I have documentation from my own psych Doctor with April, 2006 datings Stating I have schizoaffective disorder (Schizophrenia with manic depression). I Also being treated for Anxiety Attacks, panic Attacks, and Seizure disorder. This place is no place for me, I only getting worse here having Suicidal thoughts and hearing voices. People Should have listened to Dr. Fischer, and Dr. Angus. Dixon Sucks, a Guard beat me up there, but I need help I can't get here. I'm being neglected here.

You can Have Papers from my own doctor But I can't get copy's right now.

RECEIVED

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RECEIVED